



United States Department of the Interior
FISH AND WILDLIFE SERVICE
Humboldt Bay National Wildlife Refuge Complex
P.O. Box 576, 1020 Ranch Road
Loleta, California 95551
(707) 733-5406 Phone
(707) 733-1946 Fax
www.fws.gov/humboldtбай



April 24, 2013

Dear Interested Student:

Attached you will find an application and medical form (4 pages) for participation in the Youth Conservation Corps (YCC) program sponsored by the U.S. Fish and Wildlife Service. This is an 8 week program open to males and females between the ages of 15-18. The program starts June 24, 2013 and ends August 16, 2013. Students' 19th birthday must not fall within program dates. Students will be paid at a rate of \$8.00/hr. The job is 40 hours per week, Monday - Friday. The workday starts promptly at 8am. This program involves **outdoor work** in the form of habitat restoration and enhancement, maintenance, and includes an environmental education component as well. One crew will be assigned to the Salmon Creek Unit of Humboldt Bay NWR Complex located in Loleta, and a second crew will be assigned to the Lanphere Dunes Unit in the Arcata Bottoms. There are 5 positions available in each crew. **Students must provide their own transportation to and from the duty station of their assigned crew. Participants must commit to working the full 8 week term.**

How to Apply:

1. Fill out the application and medical form. Students under the age of 18 must have a parent's signature.
2. Obtain a Work Permit from school
3. Selection is random, neither cover letters nor resumes are required. But, either will be accepted if attached.
4. Forms can be returned via Mail/FAX or In Person to:
Ken Griggs
Humboldt Bay National Wildlife Refuge
P.O. Box 576, 1020 Ranch Road
Loleta, CA 95551
Fax: 707-733-1946
5. Forms must be received by close of business hours Friday, May 31, 2013.

If selected you and your parent(s)/guardian will be required to attend a two hour evening orientation during the week of June 17th. Date and time to be determined. At which time you will fill out additional paperwork, get a brief overview of the refuge, and an outline of job responsibilities.

If you have any questions, please feel free to email or call me at kenneth_griggs@fws.gov or (707) 733-5406. We hope you choose to apply and become part of a wonderful work experience.

Sincerely,

Ken Griggs
Deputy Refuge Manager
Humboldt Bay National Wildlife Refuge



United States Youth Conservation Corps

The Program

The Youth Conservation Corps (YCC) is a well-balanced work-learn-earn program that develops an understanding and appreciation in participating youth of the Nation's environment and heritage. It is administered by the U.S. Department of Agriculture—Forest Service, and by the U.S. Department of the Interior—Fish and Wildlife Service and National Park Service. YCC offers gainful summer employment to youth, for approximately eight weeks, in a healthful outdoor atmosphere.

Enrollees will be paid the minimum wage for a 40 hour work week. Most projects will enroll an equal number of males and females.

Projects include building trails, maintaining fences, cleaning up campgrounds, improving wildlife habitat, and thinning timber stands. Participants will do hard physical work and may be exposed to insects, poison oak and ivy, adverse weather, and difficult working conditions.

Eligibility Requirements

Young men and women, 15 through 18 years of age, who are permanent residents of the United States, its Territories, or possessions, are eligible for employment without regard to social, economic, racial, or ethnic backgrounds. Handicapped youth who can effectively participate in most YCC activities are eligible. Youth must have no history of serious criminal or other antisocial behavior that might endanger their safety or that of others; have or be able to obtain a work permit as required under the laws of their State; have a Social Security number or have made application for one; be willing and able to work hard and participate in most work projects. Employment is without regard to Civil Service or classification laws, rules, or regulations.

How You Can Enroll

To apply, youth meeting these qualifications should complete this YCC application form and return it at the earliest possible date to the nearest unit of a National Park, National Forest, or National Fish and Wildlife Refuge or Hatchery.

Applicants will be selected on a random basis and will be notified of selection. Demographic information such as age, race, and family income is not used in the selection process.



Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB #0596-0084), Washington, D.C. 20503.

YCC complies with Section 504 of the Rehabilitation Act of 1973. (29 U.S. Code 794). Under this Act and implementing Regulations, handicapped persons "who, with reasonable accommodation, can perform the essential functions" of the YCC are eligible. (7 CFR Part 15b and 43 CFR Part 17)

Youth Conservation Corps (YCC) Application

Print or Type all answers. All questions and statements must be answered to enable Selection Office to determine applicant's eligibility and availability. *Incomplete applications may have to be rejected.* Authority is PL 93-408. During the term of employment, you must be at least 15 years of age and not have reached age 19.

Name (Last-First-Middle Initial)

[illegible]

Social Security Number

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☐ Male

☐ Female

Date of Birth

Month Day Year

Mailing Address (Street or P.O. Box)

[illegible]

City

[illegible]

State

Zip Code

[illegible]

Area Code	Telephone Number
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214	222-1235
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In Case of Emergency

Applicant's Statement

YCC is an Equal Opportunity Employer

I am familiar with the YCC program and interested in working in the outdoors to develop and maintain the natural resources of the United States. If selected, I will obtain a work permit if required. I have or am applying for a social security number. I am a permanent resident of the United States or its Territories or possessions. I do not have a history of serious criminal or other antisocial behavior that might jeopardize my safety or that of others. I certify that all information I have given above is true and correct to the best of my knowledge. I have not participated in any YCC program for more than 3 weeks in the past, nor have I submitted duplicated applications. Incorrect statements constitute grounds for immediate dismissal. You have my permission to give this application to any YCC official for whose camp I am selected.

(Signature of Applicant)

(County)

I am familiar with the YCC program and the applicant has my permission to participate.

(Signature of Parent or Guardian)

(Date)

Part II - To be completed by parent or guardian of the applicant

This is to certify that I am familiar with the Youth Conservation Corps Program and that I give my consent to my son/daughter/ward to participate with the program as a YCC member. I understand that I will not hold the United States Government responsible for any non-program accident or illness and I authorize first aid or emergency medical care to be performed at the nearest most adequate facility approved by the YCC.

1. Emergency contact (Name and Relationship)

2. Home Phone

3. Work Phone

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4. Address (Street, City, State and Zip Code)

5. Signature (Parent or Guardian)

6. Date

Identify in remarks block, any condition that would restrict full participation and describe any special care or treatment that may be required.

Basic functional requirements for outdoor work

1. Heavy lifting, 45 pounds and over
2. Heavy carrying 45 pounds and over
3. Straight pulling
4. Pulling hand over hand
5. Pushing
6. Reaching above shoulder
7. Use of fingers

8. Both hands required
9. Walking
10. Standing
11. Crawling
12. Kneeling
13. Repeated bending
14. Climbing, legs only

15. Climbing, use of legs and arms
16. Both legs required
17. Far vision correctable in one eye to 20/20 and to 20/40 in the other
18. Hearing (aid permitted)

Environmental factors

1. Outside
2. Excessive heat
3. Excessive cold
4. Excessive humidity
5. Excessive dampness or chilling

6. Dry atmospheric conditions
7. Excessive noise, intermittent
8. Dust
9. Slippery or uneven walking surfaces
10. Working around moving objects or vehicles

11. Working on ladders or scaffolding
12. Working with hands in water
13. Working closely with others
14. Working alone

REMARKS (Enter information regarding any prescribed medication, reactions to penicillin or any drugs and/or any other health problems of which we should be made aware.)

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7. FS Reviewing officer's signature

8. Date

Youth Conservation Corps Medical History

NOTE: The collection of this information is authorized by Public Law 93-408. The purpose of this data is to safeguard the health, safety and welfare of the enrollees of the YCC programs and may be provided to a physician in the event treatment is necessary. This information is requested on a voluntary basis; however, failure to complete this form will result in exclusion from the program.

Part I - To be completed by applicant

1. Name (Last, First, Middle Initial)		2. Address (Street, City, State, including Zip Code)	
3. Do you have health and accident insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of insurer in block 4.		4. Insured by and policy number.	5. Date of birth (Mo/Da/Yr)
6. Diseases (Enter x if you have had any of the diseases.) <input type="checkbox"/> Rheumatic <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes		7. Describe treatment if disease marked in block 6.	

8. Have you had or are you having any of the following health conditions (Circle where appropriate and describe on back)

Allergies

Hay fever
Asthma
Poison ivy or oak
Insect stings
Skin condition
Other (identify)

Frequent Infections

Colds
Sore throat
Ear ache
Bladder or intestinal infection
Venereal disease
Other (identify)

Convulsions
Fainting
Sleep walking
Headache
Stuttering
Nervous condition
Ulcers

Other health conditions

Hernia
Poor hearing
Difficulty with sense of balance
Poor vision
Problem with blood not clotting
Defects in legs or feet

Diabetic
Pregnancy
Swollen or painful joints
Shortness of breath
Chest pains
Easy fatigue
Heart condition

Emotional problem
Back trouble or injury
Persistent cough
Rheumatism or arthritis
Loss of weight
Lyme disease
Other (identify)

9. a. Are you currently taking any medication? ☐ Yes ☐ No - if yes, explain on back.

b. Are you allergic to any medications? ☐ Yes ☐ No - if yes, explain on back.

10. Immunization history (Enter x where appropriate and dates as indicated. A Tetanus and Diphtheria shot is required unless you have received one or a booster within the last ten years)

	Date of original series	Date of last booster to insure immunization
<input type="checkbox"/> Diphtheria	_____	_____
<input type="checkbox"/> Polio Vaccine	_____	_____
<input type="checkbox"/> Tetanus Toxoid	_____	_____

To my knowledge, I have not been exposed to a contagious or infectious disease in the past three weeks, and I am in a state of health which would allow full participation in all YCC activities.

Signature (Read above statement before signing)

Date